

ISSUE SLIP STAPLE AREA (for additional cross references)

09/647489

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 - ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
1	06/07/04
2	06/07/04
3	06/07/04
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50	06/07/04

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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